


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90105 028 ***150.00

DOCUMENT # P97000002290 1. Entity Name SUNPOINT APPRAISAL, INC.	
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Principal Place of Business 1927 SW 12TH PLACE CAPE CORAL, FL 33991	Mailing Address 12TH 1927 SW 12TH PLACE CAPE CORAL, FL 33991
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50028724



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716839	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLYTHE, LARRY 1927 SW 12TH PLACE CAPE CORAL, FL 33991

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BLYTHE, LARRY
STREET ADDRESS	1927 SW 12TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D
NAME	BLYTHE, TINA
STREET ADDRESS	1927 SW 12TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE:  **LARRY BLYTHE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05
Date

239-573-7650
Daytime Phone #